

PART B- FEE(S) TRANSMITTAL

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7590

06/15/2006

Emery L. Tracy
P.O. Box 1518
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Certificate of Mailing or Transmission
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09/06/2006 CNGUYEN3 00000061 10824136

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP

Emery L. Tracy	(Depositor's name)
E252	(Signature)
8/31/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/824,136

04/14/2004

Charles Bolta

B012.PAT-4

6447

TITLE OF INVENTION: COMBINATION L.E.D. EMERGENCY LAMP, GLASS CUTTER HAMMER PICK WITH SMOKE TRIGGERED POWER ON

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$700

\$300

\$1000

09/15/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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TANG, SON M

2612

340-321000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Emery L. Tracy

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

*PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2084 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

Typed or printed name

Registration No.

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